



Sen. Ira I. Silverstein

**Filed: 3/7/2011**

09700SB0071sam001

LRB097 02743 RPM 52182 a

1 AMENDMENT TO SENATE BILL 71

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 71 by replacing  
3 line 6 on page 1 through line 6 on page 3 with the following:

4 "(215 ILCS 5/356z.19 new)

5 Sec. 356z.19. Hearing aid coverage offer.

6 (a) As used in this Section:

7 "Audiological services" means those services medically  
8 necessary pursuant to accepted professional medical or  
9 audiological standards to assess, select, and adjust or fit  
10 the hearing instrument to ensure optimal performance,  
11 including, but not limited to, audiological exams,  
12 replacement ear molds, and repairs to the hearing  
13 instrument.

14 "Hearing aid" means any wearable, non-disposable  
15 instrument or device designed to aid or compensate for  
16 impaired human hearing in cases where functional ability  
17 cannot be restored either medically or surgically and any

1 parts, attachments, or accessories for the instrument or  
2 device, including an ear mold but excluding batteries and  
3 cords.

4 (b) On or after the effective date of this Section, every  
5 insurer that amends, delivers, issues, or renews group accident  
6 and health policies providing coverage for hospital or medical  
7 treatment or services on an expense-incurred basis shall offer,  
8 for an additional premium and subject to the insurer's standard  
9 of insurability, optional coverage for the reasonable and  
10 necessary medical treatment for audiological services and  
11 hearing aids. This coverage shall only apply to hearing aids  
12 that are prescribed, filled, and dispensed by a licensed  
13 audiologist or a licensed physician.

14 (c) Coverage provided under this Section may be subject to  
15 all applicable co-payments, co-insurance, deductibles, and  
16 out-of-pocket limits, for up to \$2,500 per hearing aid per  
17 insured's hearing impaired ear subject to the following  
18 restrictions:

19 (1) for all insured individuals, hearing aids may be  
20 replaced up to once every 38 months as prescribed and  
21 dispensed by a licensed audiologist or licensed physician;

22 (2) for all insured individuals, any hearing aid may be  
23 replaced at any time regardless of the restrictions of item  
24 (1) of this subsection (c) if there is a significant change  
25 in the insured individual's hearing status; such  
26 significant change is defined as a change of 10 decibels HL

1       on the 3-frequency pure-tone average (500 Hz, 1000 Hz, and  
2       2000 Hz) on a valid audiogram provided by a licensed  
3       audiologist or licensed physician;

4       (3) for children up to 2 years of age, additional ear  
5       molds may be replaced up to 4 times per year; and

6       (4) for all insured individuals, audiological services  
7       shall be covered at all times when prescribed by a licensed  
8       audiologist or licensed physician.

9       (d) The coverage required by this Section shall be subject  
10      to other general exclusions and limitations of the policy,  
11      including coordination of benefits, participating provider  
12      requirements, restrictions on services provided by family or  
13      household members, utilization review of health care services,  
14      including review of medical necessity, case management,  
15      experimental and investigational treatments, and other managed  
16      care provisions."